

OAHU COMMITTEES-
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND COMMITTEES-
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT
CANDIDATE COMMITTEE

FOR OFFICE USE ONLY

REG. NO. _____

RECEIVED

SECTION I-CANDIDATE AND CANDIDATE COMMITTEE:

(a) Candidate Name: (Must be same as on Form CC-1)

Chris Halford

(b) Committee Name:

Friends for Halford

(c) Mailing Address:

PO Box 1022
Puunene HI 96784

(d) Phone: (Bus)

(Res)

877-7221

Treasurer's

SECTION II-TYPE OF REPORT AND REPORTING PERIOD:

Check Appropriate Box(es)

1-1-04 through 6-30-04

☒ 1st Preliminary Primary

☐ Amended

☐ 2nd Preliminary Primary

☐ Short Form (11-212)

☐ Final Primary

☐ Short Form (11-213)

☐ Preliminary General

☐ Final General

☐ Supplemental

COPY

SECTION III (Part 1)-SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Section III (Part 2) on the Back of this Form Before Completing This Section)

COLUMN A

COLUMN B
ELECTION PERIOD
TOTAL TO DATE

TOTAL THIS PERIOD

1. Cash on Hand at Beginning of Election Period (Continuing Committee) OR at the time Form CC-1 was Filed (New Committee).....		1978.33
2. Cash on Hand at Beginning of this Reporting Period.....	1978.33	
3. Total Receipts with Loans (From Line 17, Column A and B).....	7725.00	7725.00
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....	9703.33	9703.33
5. Subtotal Disbursements (From Line 21, Column A and B).....	1807.64	1807.64
6. Cash on Hand at Closing of this Reporting Period (Subtract Line 5 from Line 4 for Columns A and B).....	7895.69	7895.69
7. (a) Total of Expenditures and Fundraising Expenditures (Unpaid) at Beginning of this Reporting Period.....	0	
(b) Net Change of Expenditures and Fundraising Expenditures (Unpaid) (From Line 22, Column A).....	0	
(c) Total of Expenditures and Fundraising Expenditures (Unpaid) at Closing of this Reporting Period (Add Lines 7(a) and 7(b)).....	0	
8. Total of Loans at Closing of this Reporting Period (Schedule E, Line 10).....	303.74	
9. Debts Owed BY the Candidate Committee at Closing of this Reporting Period (Add Lines 7(c) and 8).....	0	
10. Other Adjustments to Surplus/Deficit (Attach Explanation).....	0	
11. Subtotal (Add Lines 9 and 10).....	303.74	
12. Surplus/Deficit (Subtract Line 11 from Line 6).....	7591.95	

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Candidate

Date

Treasurer

Date

Form CC-5 (7/95)

SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS
(If Necessary, Complete Schedules A through E Before Completing This Section)

RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE	
11. Contributions From:			11
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties			11(a)
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....	3325.00	3325.00	11(a)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....	4400.00	4400.00	11(a)(ii)
(iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii)).....	7725.00	7725.00	11(a)(iii)
(b) Candidate or Candidate's Immediate Family			11(b)
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....	0	0	11(b)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....	0	0	11(b)(ii)
(iii) Subtotal (Add Lines 11(b)(i) and 11(b)(ii)).....	0	0	11(b)(iii)
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)).....	0	0	12
13. Public Funds and Other Receipts.....	0	0	13
14. Loans.....	0	0	14
15. Total Receipts (Add Lines 12 through 14).....	7725.00	7725.00	15
DISBURSEMENTS			
16. Expenditures.....	1807.64	1807.64	16
17. Loans Repaid or Forgiven.....	0	0	17
18. Unpaid Expenditures Paid or Forgiven.....	0	0	18
19. Subtotal Disbursements (Add Lines 16 through 18).....	1807.64	1807.64	19
20. Unpaid Expenditures.....	0		20
21. Total Disbursements (Add Lines 19 and 20).....	1807.64	1807.64	21

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

SCHEDULE A

**INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE COMMITTEES
AGGREGATE MONETARY AND NON-MONETARY CONTRIBUTIONS OF MORE THAN \$100
CANDIDATE COMMITTEE**

REMINDER: NON-MONETARY CONTRIBUTIONS ARE ALSO REQUIRED TO BE REPORTED AS EXPENDITURES (Schedule B) OR FUNDRAISING EXPENDITURES (Schedule F), WHICHEVER IS APPLICABLE.
NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME: (Must be same as on Form CC-1)

PAGE 1 OF 2

Chris Hatford - Friends for Hatford

DATE OF RECEIPT AND/OR DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF INDIVIDUAL, OTHER ENTITY OR NONCANDIDATE COMMITTEE	NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT (IF INDIVIDUAL)	OCCUPATION (IF INDIVIDUAL)		
4-30-04	<input checked="" type="checkbox"/> NON-MONETARY CONTRIBUTION Hawaii Laborers PAC 1617 Palama St. Honolulu HI 96817		600.	600.
4-30-04	<input checked="" type="checkbox"/> NON-MONETARY CONTRIBUTION Paul and Linda Smith 2650 Pacific Hts. Rd. Honolulu HI 96813		500.	500.
4-30-04	<input checked="" type="checkbox"/> NON-MONETARY CONTRIBUTION A+B HIPAC PO Box 3440 Honolulu HI 96801	34	300.	300.
4-30-04	<input checked="" type="checkbox"/> NON-MONETARY CONTRIBUTION G. A. Morris 222 S. Vineyard St. #401 Honolulu HI 96813		250.	250.
4-30-04	<input checked="" type="checkbox"/> NON-MONETARY CONTRIBUTION Stephanie A. Evans 309 3d St. Sausalito CA 94965		2000.	2000.
5-21-04	<input checked="" type="checkbox"/> NON-MONETARY CONTRIBUTION Pacific Northwest Ltd. 55 Merchant St. #1500 Honolulu HI 96813		250.	250.
5-21-04	<input checked="" type="checkbox"/> NON-MONETARY CONTRIBUTION Professional Assembly PAC 1017 Palm Dr. Honolulu HI 96814		250.	250.

1. SUBTOTAL OF AGGREGATE MONETARY AND NON-MONETARY CONTRIBUTIONS OF MORE THAN \$100 THIS PERIOD (THIS PAGE).....

4150.00

2. TOTAL OF AGGREGATE MONETARY AND NON-MONETARY CONTRIBUTIONS OF MORE THAN \$100 THIS PERIOD

(LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON FORM CC-5, SECTION III (PART 2), LINE 13 (a)(iii), COLUMN A).....

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

SCHEDULE A

**INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE COMMITTEES
AGGREGATE MONETARY AND NON-MONETARY CONTRIBUTIONS OF MORE THAN \$100
CANDIDATE COMMITTEE**

REMINDER: NON-MONETARY CONTRIBUTIONS ARE ALSO REQUIRED TO BE REPORTED AS EXPENDITURES (Schedule B) OR FUNDRAISING EXPENDITURES (Schedule F), WHICHEVER IS APPLICABLE.
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CANDIDATE AND CANDIDATE COMMITTEE NAME: (Must be same as on Form CC-1)

PAGE 2 OF 2

Chris Halford - Friends for Halford

DATE OF RECEIPT AND/OR DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF INDIVIDUAL, OTHER ENTITY OR NONCANDIDATE COMMITTEE	NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT (IF INDIVIDUAL)	OCCUPATION (IF INDIVIDUAL)		
5-21-04	<input checked="" type="checkbox"/> NON-MONETARY CONTRIBUTION Castle & Cooke Legislative Committee PO Box 2780 Honolulu HI 96803		250.	250.
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			

1. SUBTOTAL OF AGGREGATE MONETARY AND NON-MONETARY CONTRIBUTIONS OF MORE THAN \$100 THIS PERIOD (THIS PAGE).....

250.00

2. TOTAL OF AGGREGATE MONETARY AND NON-MONETARY CONTRIBUTIONS OF MORE THAN \$100 THIS PERIOD

(LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON FORM CC-5, SECTION III (PART 2), LINE 13 (a)(iii), COLUMN A).....

4400.00

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE B
EXPENDITURES
CANDIDATE COMMITTEE**

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CANDIDATE AND CANDIDATE COMMITTEE NAME: (Must be same as on Form CC-1)

PAGE 1 OF 1

Chris Hafford - Friends for Hafford

DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF PAID EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
January Thru May 2004	American Savings Bank	bank charges	14.11
4-20-04	Nick's Fishmarket	fundraiser food	1000.00
4-5-04 and 4-8-04	Ohana Printing		745.72
4-15-04	Fisher Hawaii	labels	47.81

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (THIS PAGE)..... 1807.64

2. TOTAL OF UNPAID EXPENDITURES PAID THIS PERIOD (LAST PAGE THIS LINE ONLY) (DO NOT ITEMIZE. ENTER TOTAL FROM FORM CC-5(H) (SCHEDULE H), LINE 4).....

3. TOTAL OF EXPENDITURES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ADD LINES 1 AND 2. ENTER TOTAL ON FORM CC-5, SECTION III (PART 2), LINE 18, COLUMN A).....

1807.64
Form CC-5(B) (7/95)

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION
SCHEDULE E
LOANS
CANDIDATE COMMITTEE**

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CANDIDATE AND CANDIDATE COMMITTEE NAME: (Must be same as on Form CC-1)

Chris Halford - Friends for Halford

CANDIDATE AND CANDIDATE'S IMMEDIATE FAMILY

DATE OF LOAN	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY MEMBER	AMOUNT OF LOAN AT BEGINNING OF THIS REPORTING OR ELECTION PERIOD	NEW LOAN OR INCREASE IN LOAN AMOUNT THIS PERIOD	LOAN REPAYMENT THIS PERIOD	AMOUNT OF LOAN AT CLOSING OF THIS REPORTING PERIOD
11-2-98	Candidate	303.74	0	0	303.74
1. TOTAL OF LOANS FROM CANDIDATE AND CANDIDATE'S IMMEDIATE FAMILY THIS PERIOD (ENTER TOTAL ON FORM CC-5, SECTION III (PART 2), LINE 16(a), COLUMN A).....			0		
2. TOTAL OF LOAN REPAYMENTS FOR CANDIDATE AND CANDIDATE'S IMMEDIATELY FAMILY THIS PERIOD (ENTER TOTAL ON FORM CC-5, SECTION III (PART 2), LINE 20(a), COLUMN A).....				0	
3. TOTAL OF LOANS FROM CANDIDATE AND CANDIDATE'S IMMEDIATE FAMILY AT CLOSING OF THIS REPORTING PERIOD.....					303.74

FINANCIAL INSTITUTIONS

DATE OF LOAN	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF FINANCIAL INSTITUTIONS	AMOUNT OF LOAN AT BEGINNING OF THIS REPORTING OR ELECTION PERIOD	NEW LOAN OR INCREASE IN LOAN AMOUNT THIS PERIOD	LOAN REPAYMENT THIS PERIOD	AMOUNT OF LOAN AT CLOSING OF THIS REPORTING PERIOD
4. TOTAL OF LOANS FROM FINANCIAL INSTITUTIONS THIS PERIOD (ENTER TOTAL ON FORM CC-5, SECTION III (PART 2), LINE 16(b), COLUMN A).....					
5. TOTAL OF LOAN REPAYMENTS FOR FINANCIAL INSTITUTIONS THIS PERIOD (ENTER TOTAL ON FORM CC-5, SECTION III (PART 2), LINE 20(b), COLUMN A).....					
6. TOTAL OF LOANS FROM FINANCIAL INSTITUTIONS AT CLOSING OF THIS REPORTING PERIOD.....					

OTHER LOANS

DATE OF LOAN	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF SOURCE OF OTHER LOANS	AMOUNT OF LOAN AT BEGINNING OF THIS REPORTING OR ELECTION PERIOD	NEW LOAN OR INCREASE IN LOAN AMOUNT THIS PERIOD	LOAN REPAYMENT THIS PERIOD	AMOUNT OF LOAN AT CLOSING OF THIS REPORTING PERIOD
7. TOTAL OF LOANS FROM SOURCE OF OTHER LOANS THIS PERIOD (ENTER TOTAL ON FORM CC-5, SECTION III (PART 2), LINE 16(c), COLUMN A).....					
8. TOTAL OF LOAN REPAYMENTS FOR SOURCE OF OTHER LOANS THIS PERIOD (ENTER TOTAL ON FORM CC-5, SECTION III (PART 2), LINE 20(c), COLUMN A).....					
9. TOTAL OF LOANS FROM SOURCE OF OTHER LOANS AT CLOSING OF THIS REPORTING PERIOD.....					
10. TOTAL OF LOANS AT CLOSING OF THIS REPORTING PERIOD (ADD LINES 3, 6 AND 9 AND ENTER TOTAL ON FORM CC-5, SECTION III (PART 1), LINE 8).....					